		REPORT OF EXP		
		(BY CATEGORY OF SERVICE		
	(1150)	AL YTD TOTALS AS OF 02/	26/06)	
CATEGORY OF SERVICE	RECIPIENTS	NUMBER OF	UNITS OF	TOTAL
	SERVED	CLAIMS	SERVICE	PAYMENT
INPATIENT	36,510	46,477	281,107	\$183,266,788.29
OUTPATIENT	174,182	520,246	3,460,137	\$108,830,065.52
CHILD PART HOSP	0	0	0	\$0.00
CHILD DAY TREATMENT	0	0	0	\$0.00
ADULT PART HOSP	0	0	0	\$0.00
ADULT DAY TREATMENT	1	17	213	\$2,559.39
SKILLED NURSING FACILITY	1,723	3,522	46,760	\$11,588,465.20
INTERMEDIATE CARE FACILITY	17,765	110,449	3,210,569	\$274,519,237.01

17,216

89.863

1,765,020

168.282

84,824

28.147

19,471

18,478

24.978

13,115

116,848

42.165

114,842

238.211

208,354

35,565

8,611

16,715

205,850

99,190

105,176

38,711

4,198

8,816

40,726

17,510

249

439

115,767

125,626

20,191

1,001,538

4,734,597

2,231,365

3.53

83

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0

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508,171

10,543

87

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1.351.909

2,368,190

167,985

172,531

494,006

19,231

16,427

13,202

116,774

1,001,537

10,656,787

114,842

359,076

304,170

41,219

300,781

209,707

106,256

135,291

48.146

112,991

249,092

51.877

507,863

2,997

25,024

645.171

4,514,257

2,481,057

42.151

2,231,365

1,772,338

4,380,443

2,311

20,629

270,979

60,973

46,162

3.665

12,273

2,650

263,949

2.994

6,451

328,468

68,388

7,251

8,015

46,113

41,736

5,309

1,070

1,875

111,526

64,808

22,348

15.379

535

640

8.712

2,694

9,313

9,125

2.216

126

42

172,869

41

69

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IOWA DEPARTMENT OF HUMAN SERVICES

MEDICAID MANAGEMENT INFORMATION SYSTEM

PAGE

RUN DATE 02/26/06

\$153,968,136.99

\$2,578,182.35

\$54,548,423,53

\$113,138,547.15

\$20,227,770.90

\$2,720,696.52

\$25,064,698,98

\$2,111,685.32

\$14,703,650.58

\$264,874,253.76

\$336,897.94

\$683,077.77

\$64,262,509.01

\$8,053,922.61

\$6,434,904.73

\$2,003,074.00

\$4,875,938.75

\$23,247,423,45

\$9,919,616.43

\$8,995,757.26

\$1,776,506.74

\$19,043,313.27

\$27,146,269.03

\$5,210,958.52

\$3,322,856.24

\$1,446,503.53

\$1,411,085.91

\$6,314,897.64

\$1,619,781.96

\$3,871,410.22

\$115,566.38

\$234,652.89

\$159,417,737.80

\$27,347,162.58

\$10,387,337.10

\$10,466.66

\$6.17

\$0.00

\$0.00

\$788.16-

\$31,260.77

\$5,304.55

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IAMM2200-R003 (MR-0-12)

INTER CARE MENTAL RETARDA

NURSING FAC FOR MENTAL ILL

LEAD INSPECTION AGENCY

MEP CASE MANAGEMENT

AMBULANCE SERVICES

PRESCRIBED DRUGS

TOMA PLAN PROGRAM

EPSDT SCREENING

PATIENT MANAGEMENT

OTHER PRACTITIONER

FAMILY PRESERVATION

MEDICAL SUPPLIES

HMO SERVICES

DENTAL

OPTOMETRIST

PSYCHIATRIC

MR WAIVER SERVICE

AIDS WAIVER SERVICES

ELDERLY MAIVER SERVICES

PODIATRIC

CHIROPRACTIC

DRUG CAPITATION

LAB AND RADIOLOGICAL

REHAB SUPPORT SERVICES

LOCAL EDUCATION AGENCY

INDIAN HEALTH SERVICES

FAMILY PLANNING SERVICES

MANAGED SUBSTANCE ABUSE

MENTAL HEALTH ACCESS PLAN

HEALTH INS PREMIUM PAYMENT

TREATMENT FOSTER FAMILY CARE

PHYSICAL DISABILITIES SVCS

BRAIN INJ WAIVER SERVICES

RESIDENTIAL CARE FACILITY

CHILDRENS MENTAL HEALTH SVC

ILL & HANDICAPPED WAIVER SVCS

FAMILY CENTERED PROGRAM

GROUP TREATMENT THERAPY

EARLY ACCESS SERVICES

HOME HEALTH

CLINIC SERVICES

PHYSICIAN

AS OF 02/28/06

IAN	M22	:00-	R003	(MR-O-12)
AS	OF	02/	28/06	

IOWA DEPARTMENT OF HUMAN SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEM

RUN DATE 02/26/06

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TOTAL PAYMENT

\$17,287,273.15

\$1,646,604,923.36

\$350,923.03-

\$0.00

TITLE XIX REPORT OF EXPENDITURES (BY CATEGORY OF SERVICE) (FISCAL YTD TOTALS AS OF 02/28/06)

CATEGORY OF SERVICE	RECIPIENTS SERVED	NUMBER OF CLAIMS	UNITS OF SERVICE
COUNTY OFFICE REIMBURSEMENT	0	0	0
MEP SERVICES	10,894	71,787	77,046
UNASSIGNED	76	1	0

\* A L L C A T E G O R I E S \* 390,151 12,513,593 42,609,330 \*\*\* END OF REPORT \*\*\*